

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1949

State File No. 6927

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 00000	
1. PLACE OF DEATH a. COUNTY St. LOUIS b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS c. LENGTH OF STAY (in this place) 1 d. FULL NAME OF HOSPITAL OR INSTITUTION 1111 LAKE FOREST				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights d. STREET ADDRESS (If rural, give location) # 11 Lake Forest			
3. NAME OF DECEASED (Type or Print) MARIE B LITTMANN 5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WID 2 8. DATE OF BIRTH MAY 8, 1853 9. AGE (In years last birthday) 95 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) GERMANY 12. CITIZEN OF WHAT COUNTRY? USA				4. DATE OF DEATH (Month) (Day) (Year) 2 2 1949 13a. FATHER'S NAME LAZARUS HAER 13b. MOTHER'S MAIDEN NAME LISSETTE MEYER 14. NAME OF HUSBAND OR WIFE MAX HAER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME # ADDRESS BERNHARD LITTMANN, 11 LAKE FOREST			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal cirrhosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 5810 1246 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Generalized arteriosclerosis Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 1 year.				19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis St. Louis Mo. 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 11-15, 1948, to 2-2, 1949, that I last saw the deceased alive on 2-2, 1949, and that death occurred at 3:30 a.m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or Title) Mortimer D. Green M.D. 23b. ADDRESS 508 N. Grand St. Louis, Mo. 23c. DATE SIGNED 2-4-49 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 2/4/49 24c. NAME OF CEMETERY OR CREMATORY MT SINAI 24d. LOCATION (City, town, or county) (State) ST LOUIS COUL MO DATE REC'D BY LOCAL REG. 2-3-49 REGISTRAR'S SIGNATURE Thuid L. Luyckx 25. FUNERAL DIRECTOR'S SIGNATURE Mayer ADDRESS 4356 Linden Blvd					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by AME

Student Embalmer No.

working under my personal supervision.

Signed

Gay W Wilkins

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.